

CITY OF SANFORD BUILDING & FIRE PREVENTION PERMIT APPLICATION

Application No:	Documented Construction Value: \$				
Job Address:					
Parcel ID:					
Description of Work:					
		Title:			
Phone:	Fax:	E-mail:			
	Property Owner	Information			
Name		Phone:			
Street:		Resident of property? :			
City, State Zip:		_			
	Contractor In	formation			
Name		Phone:			
Street:		Fax:			
City, State Zip:					
	Architect/Engine	er Information			
Name:		Phone:			
Street:		Fax:			
City, St, Zip:		E-mail:			
Bonding Company:		Mortgage Lender:			
Address:		Address:			
	PERMIT INFO	RMATION			
Building Permit □					
Square Footage:	Construction Type	e:No. of Stories:			
No. of Dwelling Units:	Flood Zone:				
Electrical		Plumbing □			
New Service – No. of AMPS:		New Construction - No. of Fixtures:			
Mechanical □ (Duct layout required	for new systems)	Fire Sprinkler/Alarm No. of heads:			

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

<u>OWNER'S AFFIDAVIT</u>: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

<u>NOTICE</u>: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Acceptance of permit is verification that I will notify the owner of the property of the requirements of Florida Lien Law, FS 713.

The City of Sanford requires payment of a plan review fee. A copy of the **executed** contract is required in order to calculate a plan review charge. If the executed contract is **not** submitted, we reserve the right to calculate the plan review fee based on past permit activity levels. Should calculated charges exceed the documented construction value when the executed contract is submitted, credit will be applied to your permit fees when the permit is released.

Signature of Owner/Agent	Date	Sign	nature of Contractor/Agent	Date
Print Owner/Agent's Name			Print Contractor/Agent's Name	
Signature of Notary-State of Florida	Date	Sign	nature of Notary-State of Flori	da Date
Owner/Agent is Personally K Produced ID Type of ID _			•	_ Personally Known to Me or ype of ID
APPROVALS: ZONING:	U′	TILITIES:	WAS	STE WATER:
ENGINEERIN	G:	FIRE:	1	BUILDING:
COMMENTS:				